



2005
2143

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL FORM (37 C.F.R. § 1.114)**

| | | | |
|------------------------|--------------------------------------|--------------------------------|------------------|
| DOCKET NO. 12406/35 | APPLICATION SERIAL NO. 09/825,409 | EXAMINER Joseph E. AVELLINO | ART UNIT 2143 |
|------------------------|--------------------------------------|--------------------------------|------------------|

INVENTOR: Stephen LUPO et al.

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: Aug. 16, 2005 Reg. No. 47,893

Signature: [Signature]
Andrew L. Reibman

This is a **Request for Continued Examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 09/825,409, filed on April 3, 2001, entitled **INTERACTIVE MEDIA RESPONSE PROCESSING SYSTEM**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☒ **X** Amendment
☐ Information Disclosure Statement and Form PTO-1449
☐ Drawing Changes
☐ Other Submission: _____

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

| | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT NUMBER EXTRA* | RATE (\$) PER CLAIM | FEE (\$) |
|--|--|-------|---|---|------------------------|-----------------------|
| BASIC FEE | | | | | | 790.00 |
| TOTAL CLAIMS | 41 | - | 42 | 0 | 50.00 | 0.00 |
| INDEPENDENT CLAIMS | 7 | - | 7 | 0 | 200.00 | 0.00 |
| MULTIPLE DEPENDENT CLAIM | | | | | 360.00 | |
| | | | | *Number extra must be zero or larger | TOTAL | 790.00 |
| If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | | | | | SMALL ENTITY TOTAL |

2. Please charge the required RCE and submission filing fee of **\$790.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.

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3. The Commissioner is hereby authorized to charge payment of the fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
4. A duplicate copy of this transmittal form is enclosed.

Dated: Aug. 16, 2005

Respectfully submitted,



By:

Andrew L. Reibman

Reg. No. 47,893

KENYON & KENYON

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